

<i>SERFF Tracking Number:</i>	<i>ALSX-125734601</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Encompass Indemnity Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>F8731</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Private Passenger Auto</i>		
<i>Project Name/Number:</i>	<i>Encompass Edge Form Filing/F8731</i>		

Filing at a Glance

Company: Encompass Indemnity Company

Product Name: Private Passenger Auto

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Filing Type: Form

SERFF Tr Num: ALSX-125734601

SERFF Status: Closed

Co Tr Num: F8731

Co Status:

Author: SPI AllState

Date Submitted: 07/15/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Alexa Grissom, Betty Montesi

Disposition Date: 07/24/2008

Disposition Status: Approved

Effective Date Requested (New): 11/03/2008

Effective Date Requested (Renewal): 01/30/2009

Effective Date (New): 11/03/2008

Effective Date (Renewal): 01/30/2009

State Filing Description:

General Information

Project Name: Encompass Edge Form Filing

Project Number: F8731

Reference Organization: Not applicable

Reference Title:

Filing Status Changed: 07/24/2008

State Status Changed: 07/24/2008

Corresponding Filing Tracking Number:

Filing Description:

We will be automatically providing Extended Non-Owned Auto coverage on all Elite auto policies. Previously, this coverage was optional for Elite, Deluxe and Special auto policies. Going forward, the coverage will no longer be available for Deluxe or Special.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

A corresponding rate and rule filing will be submitted by month's end.

SERFF Tracking Number: ALSX-125734601 State: Arkansas
Filing Company: Encompass Indemnity Company State Tracking Number: EFT \$50
Company Tracking Number: F8731
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Private Passenger Auto
Project Name/Number: Encompass Edge Form Filing/F8731

New Business: November 3, 2008

Renewal Business: January 30, 2009

Company and Contact

Filing Contact Information

Carrie Deppe, Assistant State Filings Manager cdepp@allstate.com
2775 Sanders Road (847) 402-2774 [Phone]
Northbrook, IL 60062 (847) 402-9757[FAX]

Filing Company Information

Encompass Indemnity Company CoCode: 15130 State of Domicile: Illinois
2775 Sanders Road Group Code: 8 Company Type:
Suite A5
Northbrook, IL 60062 Group Name: Allstate State ID Number:
(847) 402-5000 ext. [Phone] FEIN Number: 59-2366357

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Form filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Encompass Indemnity Company	\$50.00	07/15/2008	21419969

<i>SERFF Tracking Number:</i>	<i>ALSX-125734601</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Encompass Indemnity Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>F8731</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Private Passenger Auto</i>		
<i>Project Name/Number:</i>	<i>Encompass Edge Form Filing/F8731</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	07/24/2008	07/24/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Certification G1-73975-A	Supporting Document	SPI AllState	07/18/2008	07/18/2008
Amend of General Provisions	Form	SPI AllState	07/18/2008	07/18/2008
AR - FORM FILING ABSTRACT F-1	Supporting Document	SPI AllState	07/15/2008	07/15/2008

<i>SERFF Tracking Number:</i>	<i>ALSX-125734601</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Encompass Indemnity Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>F8731</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Private Passenger Auto</i>		
<i>Project Name/Number:</i>	<i>Encompass Edge Form Filing/F8731</i>		

Disposition

Disposition Date: 07/24/2008

Effective Date (New): 11/03/2008

Effective Date (Renewal): 01/30/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ALSX-125734601	State:	Arkansas
Filing Company:	Encompass Indemnity Company	State Tracking Number:	EFT \$50
Company Tracking Number:	F8731		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Private Passenger Auto		
Project Name/Number:	Encompass Edge Form Filing/F8731		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1	Approved	Yes
Supporting Document	Certification G1-73975-A	Approved	Yes
Form	Extended Non-Owned Automobile Coverage	Approved	Yes
Form	Amend of General Provisions	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>ALSX-125734601</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Encompass Indemnity Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>F8731</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Private Passenger Auto</i>		
<i>Project Name/Number:</i>	<i>Encompass Edge Form Filing/F8731</i>		

Amendment Letter

Amendment Date:

Submitted Date: 07/18/2008

Comments:

Hi Becky,

I forgot to attach the certification for the form in the last filing amendment. Sorry!

Carrie

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Certification G1-73975-A

Comment:

Certification G1-73975-A.PDF

SERFF Tracking Number:	ALSX-125734601	State:	Arkansas
Filing Company:	Encompass Indemnity Company	State Tracking Number:	EFT \$50
Company Tracking Number:	F8731		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Private Passenger Auto		
Project Name/Number:	Encompass Edge Form Filing/F8731		

Amendment Letter

Amendment Date:
Submitted Date: 07/18/2008

Comments:

Based upon an objection received for filing ALSX-125734583 (company reference number F8730), we are filing the new form G1-73975-A.

Sincerely,

Carrie Deppe

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Amend of General Provisions	G1-73975-A	07-08	Endorsement/Conditions	New			0	G1-73975-A.PDF

SERFF Tracking Number: *ALSX-125734601* *State:* *Arkansas*
Filing Company: *Encompass Indemnity Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *F8731*
TOI: *19.0 Personal Auto* *Sub-TOI:* *19.0001 Private Passenger Auto (PPA)*
Product Name: *Private Passenger Auto*
Project Name/Number: *Encompass Edge Form Filing/F8731*

Amendment Letter

Amendment Date:

Submitted Date: 07/15/2008

Comments:

Hi Alexa,

I neglected to include this form in my initial filing submission. Sorry about that!

Carrie

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: AR - FORM FILING ABSTRACT F-1

Comment:

AR - FORM FILING ABSTRACT F-1.PDF

SERFF Tracking Number:	ALSX-125734601	State:	Arkansas
Filing Company:	Encompass Indemnity Company	State Tracking Number:	EFT \$50
Company Tracking Number:	F8731		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Private Passenger Auto		
Project Name/Number:	Encompass Edge Form Filing/F8731		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Extended Non-Owned Automobile Coverage	G1-73022-A	06-08	Endorsement/Amendment/Conditions	Replaced Form #:G18951-B Previous Filing #:	69.00	G1-73022-A.PDF
Approved	Amend of General Provisions	G1-73975-A	07-08	Endorsement/Amendment/Conditions		0.00	G1-73975-A.PDF

EXTENDED NON-OWNED AUTOMOBILE COVERAGE

The **ELITE “MOTOR VEHICLE”** and **PERSONAL UMBRELLA COVERAGE** Segments are amended to provide the following coverages for the operation of a ***non-owned automobile*** that is made available to or furnished for the regular use of:

1. You; or
2. A ***family member***;

who is shown as a driver in the Coverage Summary:

PERSONAL LIABILITY - MOTOR VEHICLE

MEDICAL EXPENSE - MOTOR VEHICLE
(if shown in the Coverage Summary)

PERSONAL UMBRELLA COVERAGE
(if shown in the Coverage Summary)

Under **PERSONAL LIABILITY – MOTOR VEHICLE**, **LOSSES WE DO NOT COVER**, item 9.e. does not apply to this endorsement.

Under **MEDICAL EXPENSE - MOTOR VEHICLE**, **LOSSES WE DO NOT COVER**, items 8. and 9. do not apply to this endorsement.

Under **PERSONAL UMBRELLA COVERAGE**, **LOSSES WE DO NOT COVER**, item 12.d. does not apply to this endorsement.

This endorsement does not afford coverage under **PERSONAL LIABILITY - MOTOR VEHICLE**, **MEDICAL EXPENSE - MOTOR VEHICLE**, or **PERSONAL UMBRELLA COVERAGE** for any ***accident*** involving a ***motor vehicle*** that is owned by you.

The **OTHER INSURANCE** provision contained in the “**GENERAL PROVISIONS**,” and any amendment to that **OTHER INSURANCE** provision made by the **ELITE “MOTOR VEHICLE”** Segment or the **PERSONAL UMBRELLA COVERAGE** Segment, shall not apply to the coverage afforded under this **EXTENDED NON-OWNED AUTOMOBILE COVERAGE** endorsement. Any coverage afforded under this **EXTENDED NON-OWNED AUTOMOBILE COVERAGE** endorsement shall be excess over any other collectible insurance or other source of recovery.

All other provisions of this policy apply.

AMENDMENT OF GENERAL PROVISIONS - ARKANSAS

Other Termination Provisions

Provision a. is removed in its entirety and replaced by the following:

- a. If this policy is canceled, you may be entitled to a premium refund. If so, we will send the refund to you or your agent. The premium refund, if any, will be computed

according to our manuals. However, making or offering to make the refund is not a condition of cancellation. On all cancellations, the earned premium retained by the Company shall be calculated on a pro rata basis for the length of time the policy or coverage was in force.

<i>SERFF Tracking Number:</i>	<i>ALSX-125734601</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Encompass Indemnity Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>F8731</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Private Passenger Auto</i>		
<i>Project Name/Number:</i>	<i>Encompass Edge Form Filing/F8731</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSX-125734601 State: Arkansas
Filing Company: Encompass Indemnity Company State Tracking Number: EFT \$50
Company Tracking Number: F8731
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Private Passenger Auto
Project Name/Number: Encompass Edge Form Filing/F8731

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 07/24/2008

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF
Flesch score certification sheet.PDF

Satisfied -Name: AR - FORM FILING ABSTRACT F-1 **Review Status:** Approved 07/24/2008

Comments:

Attachment:

AR - FORM FILING ABSTRACT F-1.PDF

Satisfied -Name: Certification G1-73975-A **Review Status:** Approved 07/24/2008

Comments:

Attachment:

Certification G1-73975-A.PDF

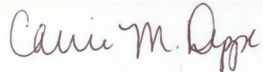
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Allstate				Group NAIC #	008
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Encompass Indemnity Company	IL	15130	59-2366357			

5. Company Tracking Number	F8731
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Carrie M. Deppe 2775 Sanders Road, Suite A5 Northbrook IL 60062	Assistant State Filings Manager	800-366-2958 Ext. 22774	847-402-9757	cdepp@allstate.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Carrie M. Deppe			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	19.0 Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	19.0001 Private Passenger Auto (PPA)
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Private Passenger Auto
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 11/03/2008 Renewal: 01/30/2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	Not applicable
17. Reference Organization # & Title	Not applicable
18. Company's Date of Filing	July 15, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	F8731
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

We will be automatically providing Extended Non-Owned Auto coverage on all Elite auto policies. Previously, this coverage was optional for Elite, Deluxe and Special auto policies. Going forward, the coverage will no longer be available for Deluxe or Special.

A corresponding rate and rule filing will be submitted by month's end.

New Business: November 3, 2008
 Renewal Business: January 30, 2009

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]						
<table style="width: 100%;"> <tr> <td style="width: 15%;">Check #:</td> <td>Not applicable. Fee sent via EFT.</td> </tr> <tr> <td>Amount:</td> <td>\$50.00</td> </tr> <tr> <td colspan="2" style="padding-top: 20px;">Form filing</td> </tr> </table> <p style="text-align: center; margin-top: 40px;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>		Check #:	Not applicable. Fee sent via EFT.	Amount:	\$50.00	Form filing	
Check #:	Not applicable. Fee sent via EFT.						
Amount:	\$50.00						
Form filing							

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	F8731
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	ER-0819
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Extended Non-Owned Automobile Coverage	G1-73022-A 06-08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	G18951-B	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

ARKANSAS INSURANCE DEPARTMENT
PROPERTY AND CASUALTY DIVISION

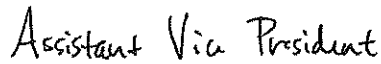
RULE AND REGULATION 29
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Encompass Indemnity Company, #15130
DESCRIPTION: Extended Non-Owned Automobile Endorsement
FORM NUMBER: G1-73022-A
EDITION DATE: 06-08

This is to certify that the above captioned property and/or Casualty policy form has achieved a Flesch Reading Ease Test Score of 69.00, and complies with the requirements of Act 517 of 1981, the Property and Casualty Insurance Policy Simplification Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies with Department Rule and Regulation 29.



Signature of Officer of Company



Title

If a policy is stored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)

ARKANSAS INSURANCE DEPARTMENT

Form F-1
Rev. 4/96

FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 7/15/08
2. Company Name(s) Encompass Indemnity Company
Group Name Allstate NAIC No. 15130 Group No. 008
3. (a) Annual Statement Line of Business Number (Page 14) Private Passenger Auto
(b) Class of Business _____
© Coverages Affected _____
4. (a) Name of Advisory Organization, if any N/A
(b) Affiliations with Advisory Organization: Member (☐) Subscriber (☐)
5. Is this a reference filing? Yes (☐) No (☐) If yes, please provide the following:
(a) Name of Advisory Organization (or Affiliated Company) _____
(b) Date of Filing _____
© Filing Designation Number or Description _____

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?
No. It is currently being reviewed in other states.
8. Is the form filed in response to or due to legislation? If so, specify legislation.
No
9. Is the form in response to or due to recent court decisions? If so, give citation.
No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature

Carrie M. Deppe

Title

847-402-2774

Telephone Number

Page 2 of 2

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
G18951-B	11/3/08	G1-73022-A 06-08	Extended Non-Owned Automobile Coverage

ARKANSAS INSURANCE DEPARTMENT
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Encompass Indemnity Company, #15130
DESCRIPTION: Amendment of General Provisions
FORM NUMBER: G1-73975-A
EDITION DATE: 07-08

This is to certify that the above captioned property and/or Casualty policy form has achieved a Flesch Reading Ease Test Score of 59.31, and complies with the requirements of Act 517 of 1981, the Property and Casualty Insurance Policy Simplification Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies with Department Rule and Regulation 29.



Signature of Officer of Company



Title

If a policy is stored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)